

Q: Hi, good afternoon. Today is April 4th, 2016. My name is Jenny and I am here at the Senior Center with Robert Leibowitz. Together we are participating in the Newton Talks Oral History Project that is being conducted with the Newton Free Library, Historic Newton, and the Senior Center. So the first question is what is your connection to Newton? If you lived in Newton before and after your service what did you miss most about your home aside from family and friends?

A: I moved to Massachusetts about 47 years ago, immediately after serving in the Army. I was in Japan and I moved from Japan to Natick and lived in Natick for four years and then moved to Newton where we have lived ever since. And our kids went to Countryside School, Brown Junior High, and South High School.

Q: So, the first question you said was, where exactly did you serve and do you remember arriving and what it was like?

A: Yeah. I served in Japan for two years during the Vietnam War and my story is possibly different than some of the people you have talked to, because I was in the Medical Corps. I served in U.S. Army Hospital Camp Zama Japan and the Army calls everything by initials, so I served in USAHCZJ, and it was in a town called Sagami-Ono. It was about 30 miles southwest of Tokyo and it was a former Japanese Army hospital.

The way I got there was I graduated from Medical School and I was training to be a pediatrician and the Vietnam War was underway and a draft was instituted, but for doctors it was different. I was about halfway through my first year of training after graduation and there was a program called the Berry Plan, B-E-R-R-Y, for doctors, and doctors were given three choices: First, you could serve as a doctor by either going into the Army after that year ended, even though you weren't fully trained in your specialty, or you could elect to finish your specialty and go into the Army after you were fully trained, or you could not volunteer at all and be subject to the draft and go into the Army as an enlisted person, you know with a gun.

So I was young and I was in a hurry, so I decided after one year of training to be a pediatrician to volunteer for the Army Medical Corps, and they called us Obligatory Volunteers. So, I went to Fort Sam Houston in Texas for basic training to learn how to march and what uniform to wear and how to salute and what the hierarchy of the Army was, and I became a Captain in the Army Medical Corps. So I had had one year of training as a pediatrician and there I found myself.

I remember driving into Fort Sam Houston, which is in San Antonio, and we passed, my wife and I passed a time temperature sign outside a bank and it said 9:00 PM, 99 degrees, so that's where we had our basic training.

In basic training for the Medical Corps they taught us how to debride wounds. That means if someone was wounded, shot, how to get the bullet out and how to get rid of all the dead tissue, and the way they taught us that was they shot goats and then they brought in the goats and we learned how to take care of the wound. And it wasn't until 30 years later that the Army decided to use manikins instead of animals, so that was a little bit of a shock.

I was assigned then to Japan and since I had only signed up for two years instead of three it was called an Unaccompanied Tour. That was I couldn't take my wife with me if dependents were allowed unless I paid for her myself, so I decided to do that and I went to Japan, and a few weeks later she bought her own airplane ticket, or we bought it, and she came and joined me. Now, since I was a "Unaccompanied Person" I wasn't eligible for housing on the base. And this was one of the great fortunes of my life, because since we weren't allowed housing on the base we had to find a house out in the community, out in the Japanese town adjacent to the hospital, and that was the most wonderful experience to see how people lived.

I found a small house and we lived there. It was about a block from the hospital. There was no telephone, there no central heating, but it was quite lovely. When I was on call and I needed to go into the hospital they had to send a car and a driver to get me, since there was no telephone and of course no cellphones or anything like that. It was an interesting experience, because first

of all Japan was a foreign country with different dress, different religions, different food, and certainly a different language, but also making that more complicated the Army was a foreign country to us, and I mean that seriously, with different dress, different language, different customs, and little things like who do you salute and when, when do you wear a tan uniform and when do you wear a green uniform. That's interesting, because the Army changes uniforms by fiat, by rule, and not by temperature, so on a certain date everybody in the world changes uniforms from summer to winter, even though it may be hot out.

When you live off the Army base they call it living "on the economy", that's the Army slang for living out in the community. I didn't realize it at the time, but if I would have been assigned to someplace in the United States or Europe I would have served one year at my base and the second year in Vietnam. That was the rule. So I was sent to Japan thinking that the same thing would apply to me, but Japan was in the Theater of Operations of Vietnam, and so I stayed there for my entire time. Now the reason that the Army Hospital was there was because if anyone was wounded in Vietnam the rule was that if you couldn't be gotten back to duty in five days you would be shipped to Japan for further treatment and recovery. If you couldn't be fully recovered by six months you would be sent back to the United States.

So there were many, many wounded soldiers that came to Japan for further treatment. Now, what that means is that there is a virtual city, an Army city at the hospital, because not only are there doctors and nurses to take care of the wounded soldiers but there are drivers and people that work in the laundry and cooks and people that work in the post exchange, and since people brought their families there were teachers, and all of these people were eligible to bring their families and they had children. So, it was quite an operation.

I worked the first year in the pediatric clinic and in the emergency room, and that was an interesting experience. There was an Officers Club. I think I said I was a Captain. And I was amazed at the ease of obtaining alcohol cheaply. I remember one day I walked, after work I walked into the Officers Club to have a beer and the man behind the bar, a soldier, said, "Doc,

you don't want a beer." I said, "Why not?" He said, "It's Happy Hour and a drink of liquor is five cents and a beer is 15 cents." So, alcohol was cheap and available and encouraged, and some people drank with moderation and others became alcoholics.

In the pediatric clinic there were two Japanese nurses. The word, the suffix S-A-N, San is an honorific. It's like, I don't know, like Miss or something, and our nurses were Farooy-San and Kataka-San and they were very well trained, accomplished women. And we grew to like each other very much. And one day they invited my wife and I to go out to dinner with them, and we were thrilled because we wanted to see how they lived and where they would eat and what they would eat. So, we met and they took us to this local restaurant, and they had called ahead and ordered fried chicken and popcorn, thinking that we would want to have something that was familiar to us, but we wanted just the opposite, we wanted to see how they lived. And that taught me a great lesson, because when we had guests from another country we made sure to serve them what we would ordinarily eat, not what we thought they might eat.

I had another experience that I'll share with you, and this was a huge lesson to me and I hope it's a lesson to you. We had Japanese interns in our pediatric clinic. These were usually young men, I don't remember any women, who had graduated from Medical School in Japan and who were working as an intern in the Army Hospital, and I think the motivation was that if they did a good job they thought it would be likely that we would write them a letter of recommendation, assuming they wanted to come to the United States for training, and many times that happened. But I walked in one morning and I had a partner in the clinic, his name was Jim, he was about six feet tall, quite a bit taller than I was, he was balding, and he had blue eyes, and he was from North Carolina and he spoke with a southern accent. So I walked into the clinic one morning and the intern said to me, "Good morning, Dr. Earnhardt." And I said, "No, no, I'm Dr. Leibowitz." He said, "Oh so sorry, Sir, you all look alike to me." And I realized at that moment that some of us would think when we first got to Japan that all Japanese people looked alike, but it worked the other way too. He thought that all Americans looked alike, and that was a huge lesson to me. Of

course after a few weeks there I realized that Japanese people look just as different as American people, but that was a great life lesson for me.

Q: So, could you tell me about a few of your most memorable experiences?

A: Yes. I remember at Fort Sam Houston we had to crawl under barbed wire fences under live machine gun fire to get us, even though we weren't going to be fighting, to get us used to what it might be like if that ever happened. I remember that we had to buy dress blue uniforms. They were very pretty. It was a blue jacket with gold stripes and blue pants of a slightly different color with gold stripes on the side, and the way they made us buy them, instead of one person buying it and handing it to the next and handing it to the next, we all had to line up in formation together one morning, so everybody had to wear their uniform. I wore it twice, each time on January 1st at the Commanding Officers New Year's Open House, and when I finished, I had bought it secondhand at a secondhand store, I had a friend who was going into the Army and I gave it to him, so that uniform probably saw many owners.

In our house-- This isn't such a memorable thing--but in our house we had a propane tank outside that provided gas for the stove and for the hot water heater. We had a kerosene space heater. I don't know if you've ever seen one. I've never seen it before or since. But an unusual thing happened. The kerosene came in glass bottles and it was pink in color, and apparently it was very attractive to young children, and so although the Army was doing its best to keep the people comfortable and warm in the wintertime, we had an epidemic of kerosene ingestion by children, which can make them very, very sick, and I saw quite a few of those children in the clinic, thinking that it was lemonade or something.

Many years later I worked at Children's Hospital and one of the young trainees from Beth Israel Hospital was rotating through Children's and he and I were sitting next to one another one day and we had a few free minutes, and he reached into his backpack and opened a Japanese language primer, and I said, "Why are you learning Japanese?" He said, "Well I was born in

Japan.” And I said, “Oh, when?” He said, “1968.” I said, “Oh really? Where were your parents? How were you there? Why were you there?” He said, “My father was a Doctor in the Army.” I said, “Oh. Where did he serve?” He said, “Camp Zama.” I said, “Wow, that’s where I was.” So that was the end of that discussion. The next day he came in and he said, “I called my mother and told her about our meeting and she said, ‘Oh I remember him. I took you there with an ear infection when you were one year old and he was very nice.’” Small world story.

Q: Do you have any more stories?

A: I can just tell you one more story, and that is my wife and I had a wedding anniversary, actually had two there, and we decided to live it up. So, we went to the Officers Club and we decided to order the most expensive thing on the menu, which was Chateaubriand for two--five dollars. So everything was very heavily subsidized and unusual. And I might just amplify the business of living on the economy. I didn’t realize fully what it would mean to sign up for two years and to be an “unaccompanied person” and bring my wife at my own expense.

So, we lived in this house, and that was the most wonderful thing that ever happened to us, because I knew many, many people who lived on the Army Base and never strayed off of it. They had a movie theater. They had a place to buy food and all different kinds of supplies, a drugstore, and so forth. And people just didn’t wander out. But by living outside the Army Base we experienced what it was like to live in another country, and that was a great benefit.

Now, some of the bad things that happened, I mean maybe bad isn’t the right thing, some of the bad things we saw was the wounded soldiers, of course. That’s why we were there. And if a soldier was wounded it was, I’m going to say he, because virtually all of them were men, very few women in combat then, maybe none, and they couldn’t be gotten back to duty in five days they would be flown in a big Army transport plane to an Air Force Base near our hospital, and then if they were critically wounded they would be flown to our hospital by helicopter. It took about 15 minutes.

The Army loves abbreviations, so the helicopter, the model of helicopter that they used was a UH1. So picture those letters and that number, UH1. They were called Hueys, phonetically U-H-I, so they called them Hueys, and they're still in use today around here. They have a very distinctive sound and whenever we heard that sound we knew that a severely wounded soldier was coming to our hospital. And people would run out and put them on a stretcher and take him to the operating room or the emergency room or something. And when I hear those helicopters going over my house now that immediately comes to mind, "Oh my goodness, there is another soldier coming who is wounded." So that sound has stayed with me.

So I was living my peaceful life, going to the pediatric clinic and taking care of the dependent children of the people on the base, and going to the emergency room when it was my turn, and going into Tokyo and so forth until about halfway through my tour of duty when the North Vietnamese launched what was called the Tet Offensive, and it was a huge escalation of the war. And there were many, many, many more casualties, hundreds. And the vast majority of people had wounds in their arms or legs, so that meant that they would be on the orthopedic surgery service, and they were absolutely overwhelmed with patients, not enough doctors to handle them. So they took me, a partially trained pediatrician, another man who was a partially trained neurologist, and another man who was a partially trained urologist who had all been taken out of their training to go to Japan. And those two guys and I, we bonded, we became very close friends, we're friends to this day, we worked as sort of mini orthopedic surgeons for almost a year.

And I use another set of initials, they're D-P-C. The Army found that if you tried to sew up a bullet wound or any kind of puncture wound like that when it happened it would virtually always become infected, so in Vietnam they would clean out the wound, bandage it, and send the person to Japan. So, delayed primary closure meant that when they got to Japan five or six days later we would take them to the operating room and take an x-ray to make sure there were no bullet fragments left in the wound, and then we would clean it out, and after five days if there was any

dead tissue it would be obvious and we would trim it away, and then we would sew it up. And we did that five days a week, eight hours a day for a year. And that was the most common wound. If there was something more complicated, then the real orthopedic surgeons would take care of that. So that was the way I spent that time.

Q: How did you adapt to military life, including the physical regime, barracks, food, and social life?

A: Yes, well that question doesn't apply to me as it might others, because as you can tell I never lived in a barracks, and physically my life was not terribly different than it would have been in a hospital any place. However, the Army is a different country, honestly, and it's very hierarchical, and if there is someone who is, and if there is someone who is a higher rank than you and you meet them you have to salute them, and if they tell you to do something most of the time you're supposed to do it. Appearance is very important. They have rules about hair length, about facial hair, for example your hair can't be much longer than mine now, quite short, you can't have a beard, you can't have a mustache, in fact they had rulers and if a Senior Officer saw you and thought your sideburns were too long they would actually measure from the middle of your ear down and it could only extend a certain amount. So, lots and lots of rules, so that was a little hard to get used to.

Some people had the incorrect impression, and in civilian life, you may have encountered this too, people thought that the most senior doctor was the best doctor. So I remember once the Commanding Officer of our hospital who was a urologist but who hadn't practiced in many years, because he had risen through the hierarchy of administration in the Army and was now running the hospital, didn't have time to operate, got a call from a Senator's Assistant in Washington, and the Assistant said, "Doc, my Senator's son is in Vietnam and he has been severely wounded and he is coming to Japan, and I want you to operate on him and no one else."

Now, that is a very silly request, because he was counting on the fact that the highest ranking Officer was the best surgeon. So, the head of the hospital was a smart guy, and so he went to one of his young Captains who had just finished training in a very good training program and had a lot of experience and worked every day in the operating room, and he said, "I'll tell you what, we'll put my name on it so we don't offend the Senator, but you operate and I'll stand behind you." So that was an important lesson to me.

Another important lesson which I'm not sure you should even hear this, but I'll tell you anyway, a couple of days ago in the *Boston Globe* was an article about VIP Medicine. Did you read it?

Q: I did.

A: Well, I would recommend reading it. And what that means is that people who are "more important" or pay more for a private room or something can dictate their care or their loved one's care. And when I was there, there was no gynecologist in the Navy hospital. So if a woman needed to see a gynecologic surgeon, a gynecologist, she would have to come to our hospital. The Admiral of the Navy Base, a man probably 55, one of the highest ranking Officers in Japan, his wife had to have surgery. She said to her husband she didn't want to wake up after surgery in the recovery room where all the young severely wounded soldiers were, but the doctor said, "Well, Sir, the reason we have people after operation in the recovery room is because they're unstable and we have to keep a close eye on them and we have all of our monitoring equipment there, and that's the way it has to be." And the Admiral says, "I order you not to put my wife in the recovery room."

So, I'm not sure what the doctor did was correct or not, but he followed the Admiral's order and the woman had her operation, and they put her in a private room down the hall with people sticking their head in periodically and looking at her, and she died.

So, it's not ever appropriate, A, to order someone, either because you're wealthy or you're a higher ranking person, to go against protocol that has been well thought out, because that is why it's there, or as the doctor to follow that. I mean it might have been wiser for the doctor to say, "Well then I'm sorry, she can't be my patient. I can't take care of her anymore." So I was reminded of that. I hadn't thought of that for a long time until Sunday when I read the article in the *Globe* about similar things happening at some Boston hospitals with wealthy and important patients.

Q: So, we have gotten through all of the questions indicated, but is there anything else you would like to say before we end the interview?

A: Yes. These are non-Army, non-medical things. Our town was about 30 miles from Tokyo and it was on a train line, and it was a country town, it was very small, except for the hospital, but we could go to the train station and take the train into Tokyo. Tokyo is a big city like New York City and a very exciting place, and we went there whenever I had a weekend off. When we were, when we would get into Tokyo we would take the subway, a wonderful subway system, and we noticed something very unusual. We noticed that when my wife was standing on one side of the train and I was on the other, and we're not very tall, we could see one another clearly; our heads were above everyone else. And that is because this was the generation of Japanese that had lived through the Second World War and they had tremendous food shortages and often all there was to eat for months was rice, and these were the effects of malnutrition in people now who had survived the war and were now 30 or 40 or 50 years old.

We went back 30 years later and the people were all tall, I mean as tall as we were. So, it's probably the reason they were as tall as we were is because they had begun eating Big Macs, Kentucky Fried Chicken, and other American imports, but nevertheless we were struck with how uniformly short the people were, but they are no more.

The Olympics had been in Japan a few years before we were there, and in order to get ready for this big crowd of foreigners they made new train station signs, so every train station had the name of the station in big Japanese letters and big English letters below it, plus on one side the name of the station you had just come from and on the other side the name of the station that you were going to next. So with a map that had English names on it, it was so easy for us to travel around, even though our Japanese language skills weren't too good. We could, we learned enough Japanese to order in a restaurant, to ask directions, but never enough really to discuss ideas with people. But many of the Japanese people we met spoke English.

Japan at that time, 1967, '68, '69 had the most wonderful train system. There is a thing called the bullet train that goes from Tokyo to Kyoto. It goes 200 miles an hour for the whole trip. When they were building the train line they realized that you can't go fast if you have streets crossing the tracks, so the entire system is elevated and it doesn't have to stop. And every time I ride Amtrak I am so amazed that a huge big rich country like the United States has such a poor train system compared to Japan.

We went to Kyoto, which is a famous Japanese city. For some reason the United States decided not to bomb Kyoto during the Second World War, so it remains just the way it always has been. One of our favorite places was a temple built onto the side of a hill, a huge place that is built from wood. It's called Kiyomizu [Kiyomizu-dera] and it's built without nails. Everything is finely fitted together, kind of like an erector set. It's amazing.

We stayed in a place called a ryokan, which is a Japanese hotel, and we decided that we would try to do everything that the Japanese did the way they did it. So we went to this ryokan and we stayed in a room with a tatami floor, that's a kind of straw mat floor, and we dressed in Japanese clothing, and we had, breakfast was included and we were served Japanese breakfast, which consisted of tea, fish soup, rice, dried or salted fish, seaweed, and we really tried to eat it. Then we would go out sightseeing and the first thing we would do is stop at a pastry shop and get

something to eat. We did that for five or six days. And we would go out early before the other guests in the ryokan were up.

So, our last day we had to go and catch the train, so we ate breakfast, packed, and walked down the corridor a little later than usual. And the Japanese people in the other rooms had finished their breakfast and had their trays sitting outside the door of their room on the floor. Every tray had plates, dirty plates on it, with the remnants of bacon, eggs, toast, and coffee. So that was a kind of a shock for us.

We became enchanted with sumo wrestling. I don't know if you know anything about sumo wrestling, but these are these huge men, between 300 and 400 pounds, who start training as young boys, 12, 13, 14 years of age, and we used to go to all of the sumo matches that we could, and it was absolutely fascinating, especially since one of the sumo wrestlers was an American, the first American ever to train and be in the higher levels of the sport. He was from Hawaii and he had been a high school football star, and someone from Japan heard about him and they recruited him to come and be on one of the sumo teams, they call them stables. And so that was fun to watch him.

You probably are aware in American sports that when a call by an official goes against you people argue tremendously, sometimes cursing and so forth. Well, we were watching a sumo match between the Grand Champion and another very good wrestler, and the Grand Champion had set the record for the most consecutive wins ever in the history of sumo. And now he was wrestling again and he, if any part of your body touches outside the ring first you lose, and sometimes it's hard to tell, because these two huge people might fall out together. So, the referee announced that he lost, and it was a very close match. It turns out in instant replay, which they don't use to, I mean they use it on TV later, but they don't use it for deciding the match, showed that he had won, and he probably knew it, but he got up, he bowed, and he walked off. And that is the way. You don't complain. You don't argue. It was extremely impressive.

One other thing I remember very well is there was a Boy Scout troop at the Army base, because they were young boys, and one of the soldiers was the Scout Leader. And I saw a notice on a bulletin board that the scout troop was going to climb Mt. Fuji. And they had a phone number or, I don't know how exactly I got in touch with them, but I did get in touch with the Scout Master and I asked him if I could go. He said, "Sure."

So, we got on a bus. We drove to the foot of Mt. Fuji. I don't know if any of you have ever seen a picture of Mt. Fuji but it's this beautiful symmetrical mountain that in the winter has a snow covered peak, it's an extinct volcano, and when you go to the bottom of Mt. Fuji they give you a walking stick that has some carving in Japanese on it. And you hike up about three-quarters of the way to the top and then there is a hut, and you sleep there so that when you get up in the morning in the dark and just the first hint of dawn happens you climb the rest of the way to the top so you can see the sun rise from the top of Mt. Fuji. And that was a great memory for me.

Q: Well, do you have anything else to share?

A: This is a little bit out of order, but I'll tell you another funny story. My wife and I drove a white Mustang convertible. And she had it when I married her, so it became ours, and that was our car. And we drove it to Cleveland, and I was, we would use it while I was there in my training. And then we decided we would drive it to San Antonio where I was going to have Basic Training, and I was there for a month, and then I would fly with the Army to Japan and she would follow me.

So, we drove there and we thought, "While we're there we'll sell the car. There is no reason for us to have a car in Japan." I mean it never entered our minds that we would take the car to Japan. So I posted a notice on a bulletin board where you sold things or bought things. Well, it turned out that this 9:00 PM, 99 degrees was very important. It was an un-air conditioned car with a black interior and no one would buy it. No one but a fool would want a non-air conditioned car

with a black interior in San Antonio, Texas. So I was stuck. Here I am leaving for Japan in a few weeks with this car on my hands.

So I was complaining to someone and they said, "Oh don't you know, as an Officer you can have your car taken with you at government expense. Just go to this office and fill out these papers."

So I did, I went there, and they thought it was very ordinary, a lot of people did that, so I drove the car to the port nearby and went to Japan, and a few weeks later I got a notice that my car had arrived at the port. I went down, got it, and we had this car for two years in Japan. And unbeknownst to us it was very famous; I mean it was very popular. The Japanese called it hosca, which meant horse car, and we would drive and park and people would gather around the car and say, "hosca, hosca."

And the only downside to this story is the Japanese drive on the side of the road other than we do, so I am driving with the steering wheel on the left and everyone else is driving with the steering wheel on the right, and I'm driving on the right side of the road, I'm used to that, and they're driving on the left side of the road. But if you concentrate, and especially if there are other cars on the road, it's not so bad. But if it's night and there is a rotary or a roundabout and you're going around and you go onto another, onto one of the places where you get off the rotary it's absolutely bewildering which side of the road you're supposed to be on. So I remember that very well.

And then of course since the Army brought the car there they bring it back, and so we came back and we went to Natick, and a few weeks later we got a notice from the Army that our car was ready at the port. And we went and got it and drove it for many years.

The other one thing I will say to you also, because I never experienced it around here, and that is we were there during an earthquake, and we lived in this little wood framed house, there were telephone poles outside, we had a primitive chandelier in the living room, and I remember being on the couch and feeling some kind of strange motion and looking up and the chandelier is going

back and forth, and I got up and looked outside and the telephone poles are going back and forth. Luckily it wasn't a huge earthquake, but I'll never forget the disorienting feeling of the Earth moving around you.

Q: So, it looks like our time is just about up. What is one more thing you would like people 100 years from now to know about your time in the service?

A: Regardless of what you think about the merits of the war, it's important to remember that people are fighting and getting wounded and as a doctor you have some obligation to go and care for them, in spite of the fact that politically you may not agree with what is happening.

Q: So, thank you so much for taking the time to do this with us. We are really happy to be able to include you in the Newton Talks Oral History Project.

A: You're welcome.

[Side remarks]

END OF INTERVIEW